WORKPLACE SAFETY AND HEALTH IN NEW JERSEY

From The
National Institute for Occupational Safety and Health

State Profile 2002

Delivering on the Nation's promise:
Safety and health at work for all people through prevention.

The National Institute for Occupational Safety and Health

NIOSH is the primary federal agency responsible for conducting research and making recommendations for the prevention of work-related illness and injury. NIOSH is located in the Department of Health and Human Services in the Centers for Disease Control and Prevention. The NIOSH mission is to provide national and world leadership to prevent work-related illness, injury, disability, and death by gathering information, conducting scientific research, and translating the knowledge gained into products and services. As part of its mission, NIOSH supports programs in every state to improve the health and safety of workers. NIOSH has developed this document to highlight recent NIOSH programs important to workers and employers in New Jersey.

The Burden of Occupational Illness and Injury in New Jersey

- In New Jersey, there are approximately 4.0 million individuals employed in the workforce.[1]
- In 2000, 115 workers died as a result of workplace injuries.[2]
- The construction industry had the highest number of fatalities, followed second by transportation and public utilities, and third by services.[2]
- In 1999, the most recent year for which data are available, the rate of fatal workplace injuries was 2.6 deaths per 100,000 workers – below the national average rate of 4.5 deaths per 100,000 workers.[2]
- In 2000, there were 171,400 nonfatal workplace injuries and illnesses in New Jersey.[3]

The Cost of Occupational Injury and Illness in New Jersey

In 2000, the most recent year for which data are available, a total of $1.1 billion was paid for workers' compensation claims by New Jersey private insurers and self-insured employers.[4] This figure does not include compensation paid to workers employed by the federal government and also underestimates the total financial burden for private sector businesses, since only a fraction of health care costs and earnings lost through work injuries and illnesses is covered by workers' compensation. Chronic occupational illnesses like cancer are substantially under-reported in workers' compensation systems because work-relatedness is often difficult to establish.

How NIOSH Prevents Worker Injuries and Diseases in New Jersey

Health Hazard Evaluations (HHEs) and Technical Assistance

NIOSH evaluates workplace hazards and recommends solutions when requested by employers, workers, or state or federal agencies. Since 1993, NIOSH has responded to 95 requests for HHEs in New Jersey in a variety of industrial settings, including the following example:

Piscataway, New Jersey: Mercury Exposure at a Chiropractic Center
In 2000, NIOSH investigators conducted an HHE at a chiropractic center in Piscataway, New Jersey, at the owner's request. He had been diagnosed with mercury poisoning and was concerned that his office might have been the source of exposure. NIOSH investigators did not detect any source of mercury at the chiropractic center but found evidence of water damage in the unfinished portion of the basement. Recommendations included following federal and state advisories for fish and shellfish consumption to control methylmercury intake and ensuring that future episodes of flooding are dealt with immediately by drying and cleaning or replacing water-damaged materials.

Fatality Assessment and Control Evaluation (FACE) Investigations

NIOSH developed the FACE program to identify work situations with a high risk of fatality and to formulate and disseminate prevention strategies. In New Jersey, FACE is conducted by the state's Department of Health and Senior Services, under a cooperative agreement with NIOSH. Since 1995, there have been 67 FACE investigations in New Jersey, including the following recent example:

New Jersey: Truck Driver Killed In Highway Work Zone Collision
On March 12, 2001, a 52-year-old truck driver was killed when his tractor-trailer truck struck a dump truck protecting a highway work zone. The incident occurred on a major interstate highway, as the victim was hauling a container of municipal waste to a landfill. The work zone was marked by trucks carrying warning signs and arrow boards that drove behind the work crew. Two large dump trucks equipped with impact attenuators drove directly behind the work zone to protect the crew. When the victim struck the impact attenuator on one of the dump trucks, the victim's truck flipped over and slid down the highway, killing him. FACE investigators concluded that, to prevent similar incidents in the future, state highway authorities should consider reducing speed limits in construction work zones on high-traffic highways. In addition, state, county, and local authorities should consider stationing law enforcement officers in patrol cars and using radar surveillance for traffic speed control at highway work zones.

Fire Fighter Fatality Investigation and Prevention Program

The purpose of the NIOSH Fire Fighter Fatality Investigation and Prevention Program is to determine factors that cause or contribute to fire fighter deaths suffered in the line of duty. NIOSH uses data from these investigations to generate fatality investigation reports and a database of case results that guides the development of prevention and intervention activities. Since 1997, there have been three four fighter fatality investigations in New Jersey, including the following example:

New Jersey: Fire Fighter Collapses Due to Heart Arrhythmia Secondary to Mycocardial Sarcoidosis
On November 16, 1999, a 38-year-old male fire fighter experienced severe upper abdominal pain at the fire house. While being transported to a local hospital, the victim suffered a seizure, followed shortly thereafter by cardiac arrest. An autopsy of the victim revealed an enlarged heart and granulomatous lesions consistent with sarcoidosis in the victim's heart, lung, lymph nodes, liver, and spleen. NIOSH recommendations to fire departments included ensuring fire fighters have annual medical evaluations and providing wellness/fitness programs for fire fighters to help reduce risk factors for cardiovascular disease and improve cardiovascular capacity.

Building State Capacity

State-Based Surveillance
NIOSH funds the Adult Blood Lead Epidemiology and Surveillance Program (ABLES) in the New Jersey Department of Health and Senior Services. Through ABLES, the agency's staff track and respond to cases of excessive lead exposure in adults which can cause a variety of adverse health outcomes such as kidney or nervous system damage and potential infertility. In addition, NIOSH funds the Sentinel Event Notification System for Occupational Risk, or SENSOR, through which Department of Health and Senior Services staff track and develop interventions for specific occupational diseases and injuries such as silicosis.

Extramural Programs Funded by NIOSH

The following is an example of recent research grants or cooperative agreements funded by NIOSH in the state of New Jersey.

Building-Related Health Conditions
Investigations of building-related health complaints show that stressors, individual characteristics such as gender, and the presence of volatile organic compounds contribute to the incidence of reported non-specific symptoms of employees. With support from NIOSH, researchers at the University of New Jersey will examine the effects of psychological stressors, odor intolerance, and exposure to volatile organic compounds on 280 healthy women.

Additional information regarding NIOSH services and activities can be accessed through the NIOSH home page at http://www.cdc.gov/niosh/homepage.html or by calling the NIOSH 800-number at 1-800-356-NIOSH (1-800-356-4674).

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[1]U.S. Department of Labor (DOL), Bureau of Labor Statistics (BLS), Local Area Unemployment Statistics, Current Population Survey, 2000.

[2]DOL, BLS in cooperation with state and federal agencies, Census of Fatal Occupational Injuries, 1999-2000.

[3]DOL, BLS in cooperation with participating state agencies, Survey of Occupational Injuries and Illnesses, 2000.

[4]National Academy of Social Insurance, *Workers' Compensation: Benefits, Coverage, and Costs, 2000 New Estimates,* May 2002.